



Injury Briefing

A review of the latest studies from Dr. Michael D. Berry.

Chiropractic Effective for Back-related Leg Pain

Spinal manipulation is more effective for back-related leg pain than home exercise and advice alone, according to a recent study from *Annals of Internal Medicine*.

"Prior to this study, SMT was considered a viable treatment option of what is known as 'uncomplicated low back pain,' which is low back pain without radiating pain to the leg," authors Bronfort and Roni Evans, DC, PhD, at the University of Minnesota in Minneapolis, told *MedPage Today*.

"This study shows that for patients without progressive neurological deficits and serious identifiable causes (e.g., spinal fracture, etc.) SMT, coupled with home exercise and advice, may be helpful, and should be considered," they added.

Researchers from Northwestern Health Sciences University in Bloomington, Minn., analyzed 192 patients with back pain and radiating leg pain. For 12 weeks, the patients participated in a home exercise and advice (HEA) program that included working with chiropractors, exercise therapists, and personal trainers. Exercises aimed to boost mobility and trunk endurance. Patients received an average of 3.6 to 3.8 HEA treatments.

Half of participants received spinal manipulation therapy (SMT), as well as other adjunct therapies typically offered by chiropractors such as passive muscle stretching, ischemic compression of tender points, and hot or cold packs. Patients received 14.6 SMT sessions on average.

After the initial 12-week treatment period, the patients undergoing spinal manipulation had significantly less leg pain, back pain, and disability compared to the control group.

One year later, those differences disappeared, but patients still had better global improvements, higher satisfaction, and lower medication use. Overall, 66% of patients in the control group were taking medications for leg or back pain compared to 42% of patients in the SMT group.

This study is particularly pertinent for patients searching for non-invasive relief of sciatica or leg pain after an auto injury. By healing the underlying spinal issues, chiropractors can expedite patients' return to healthy, normal lives.

References:

Bronfort G, et al. *Spinal manipulation and home exercise with advice for subacute and chronic back-related leg pain. Annals Internal Medicine* 2014; 161: 381-391.

Yurkiewicz, S. *Chiro Tx helps back-related leg pain. MedPage Today. September 15, 2014.*

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Surprising Study Finds Women with Whiplash not More Anxious than Men

Women are no more likely than men to suffer from anxiety or depression after whiplash, according to a new study. This debunks the hypothesis that psychosocial symptoms explain gendered differences in pain after whiplash injury.

“Not finding clear differences in these psychosocial symptoms is surprising,” the study authors wrote.

Research suggests women are more than twice as likely as men to suffer from chronic whiplash problems. Studies have also shown that depression, anxiety, and posttraumatic stress disorder elevate the risk of chronic whiplash.

Scientists from Vrije University and Ghent University in Belgium studied 117 patients who had suffered from whiplash for at least three months, including 24 men and 93 women. Neck disability and pain, as well as emotional and psychological dysfunction were all evaluated.

What the researchers found was that there were no major differences in fear, somatization, bodily pain, disability or general health between men and women. Although other studies suggests that women are more likely to express sadness, in this study, women reported seeking out social support more frequently than men to cope with emotional concerns.

“This opens the perspective to look for sex differences in chronic WAD in a broader sense,” the researchers wrote. Other factors may include anatomical and biomechanical differences in women that could lead to greater neck instability.

The scientists concluded that while psychosocial factors play a role in the development of prolonged pain and disability, they are “unlikely to be the cause for sex differences chronic (whiplash).”

References:

Malfliet, A, et al. Sex differences in patients with chronic pain following whiplash injury: The role of depression, fear, somatization, social support, and personality traits. Pain Practice 2014. Doi: 10.1111/papr.12244.